

AVID: Advancement Via Individual Determination Application for 2017 - 2018

Student's Name (please print): _____

School you currently attend: _____ Student ID #: _____

Current grade level: _____ Are you currently in AVID? (please circle): YES NO

Parent/Guardian's Name(s) (please print): _____

Parent/Guardian's E-mail(s) (please print): _____

Phone number: _____ Address: _____

Street Address

City, State

Zip Code

Parent's Highest Level of Education:

(Please indicate: highest grade completed in school, a graduate of high school, # years in community college, technical college or university, Associate's Degree, Bachelor's Degree, or a Graduate Degree)

Mother: _____

Father: _____

As a parent/guardian you must support your child in his/her attempt to pursue the dream of going to college and be an advocate for his/her success. Are you willing to attend at least one informational meeting about AVID and help ensure that your child is studying 1 to 2 hours after school and keeping an organized binder and planner?

Yes

No

Parent/Guardian's Signature: _____

Date

As an AVID student you will be required to maintain passing grades, to always put forth your best effort, and to be a role model in school. This means discipline should not be a problem. Are you willing to follow these guidelines?

Yes

No

Student's Signature: _____

Date

